

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/890888

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2		1					52					
3			1				53					
4				1			54					
5					1		55					
6				1			56					
7					1		57					
8				1			58					
9					1		59					
10				1			60					
11					1		61					
12				1			62					
13					1		63					
14				1			64					
15					1		65					
16	1						66					
17		1					67					
18			1				68					
19				1			69					
20					1		70					
21				1			71					
22					1		72					
23	1						73					
24			1				74					
25				1			75					
26	1						76					
27		1					77					
28				1			78					
29	1						79					
30				1			80					
31					1		81					
32				1			82					
33					1		83					
34	1						84					
35	1						85					
36	1						86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	8						TOTAL IND.					
TOTAL DEP.	28						TOTAL DEP.					
TOTAL CLAIMS	36						TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS